

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 13 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6594

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. Wesley Hospital)

File No. 923
Registered No. 923
St. 1 Ward 1

2. FULL NAME Harold A. Chambers

(a) Residence, No. 703 East 10th St. St.
(Usual place of abode)

Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF ---

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1902

7. AGE YEARS 35 MONTHS 6 DAYS 6 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Taxicab Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Nemaha
(STATE OR COUNTRY) Nebraska

FATHER 13. NAME Ab Chambers

14. BIRTHPLACE (CITY OR TOWN) No Record
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Irene Penny

16. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

17. INFORMANT Earl C. Chambers
(ADDRESS) 703 East 10th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Auburn, Neb. DATE 2-24-37

19. UNDERTAKER QUIRK & TOBIN COMPANY
(ADDRESS) 20 West Linwood

20. FILED 724 1937 M. M. Brown
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 22nd, 1937, to Feb 24th, 1937

I last saw him alive on Feb. 23rd, 1937 Death is said to have occurred on the date stated above, at 2¹⁰ am.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 2-15-37

Other contributory causes of importance:

Chronic Myocarditis ✓

Name of operation None Date of Mo
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 1937

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify L. A. Martz M. D.

(Signed) 815 McGeer
(Address)

